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FOR ACTION

RECOMMENDATIONS FOR SUPPLEMENTARY FUNDING FOR PROGRAMMES IN THE AFRICA REGION WITHOUT RECOMMENDATIONS FOR FUNDING FROM GENERAL RESOURCES*

SUMMARY

The present document contains recommendations for supplementary funding for countries in the Africa region for which no recommendations for funding from general resources are requested at the 1994 Executive Board session. The programme proposals submitted here are aimed at expanding or complementing ongoing programmes in the countries concerned. The Executive Director recommends that the Executive Board approve supplementary funding in the following amounts for the programmes listed below, subject to the availability of specific-purpose contributions.

Country/programme	Amount (United States dollars)	Duration
Central African Republic	2 938 000	1994-1997
Ghana	4 281 900	1994-1995
Senegal	2 037 000	1994-1996

Summaries of individual recommendations follow. A table setting out the planned annual phasing of expenditure for each supplementary funding proposal is given at the end of the document.

* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1993, will be contained in the "Summary of 1994 recommendations for general resources and supplementary funding programmes" (E/ICEF/1994/P/L.3 and Add.1).

I. CENTRAL AFRICAN REPUBLIC

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 years)	1.5
Under-five mortality rate (U5MR) (per 1,000 live births)	179
Infant mortality rate (IMR) (per 1,000 live births)	105
Underweight (percentage, moderate and severe) (1988)	..
Maternal mortality rate (MMR) (per 100,000 live births) (1983)	600
Literacy (percentage, male/female) (1990)	52/25
Primary school enrolment (percentage, net male/female) (1990)	66/43
Percentage of grade 1 reaching grade 4 (1989)	48
Access to safe water (percentage) (1990)	24
Access to health services (percentage) (1985)	45
Gross national product (GNP) per capita (1991)	$390
One-year-olds fully immunized against (percentage):	
tuberculosis	94
diphtheria/pertussis/tetanus	77
measles	62
poliomyelitis	77
Pregnant women immunized against (percentage):	
tetanus	87

Basic education

1. The country programme for the Central African Republic for the period 1993-1997 was approved by the Executive Board in 1993 (E/ICEF/1993/P/L.6). A basic education component was included in that recommendation. The present recommendation for $2,938,000 in supplementary funds for the period 1994-1997 is to enhance the education programme to accelerate progress towards the Education for All (EFA) goals. It seeks to (a) improve the quality of basic education; (b) provide increased access to learning through expanded education services; and (c) expedite achievement of the mid-decade goals regarding universal access to basic education. In addition, the programme will help to strengthen the foundation for reaching the goals for children for the year 2000.

Situation analysis

2. The primary education system in the Central African Republic is faced with several challenges characterized by (a) clear disparities between enrolment and literacy rates for boys and girls, specifically in rural areas; and (b) high drop-out rates. Factors contributing to this negative situation include (a) insufficient and inadequate infrastructure; (b) lack of basic equipment, supplies and educational materials; (c) limited numbers of qualified teachers; and (d) limited government budgetary allocations. Although the Government has

implemented several reforms since 1984 to make the education system more responsive to the daily lives of most Central Africans, the curriculum is still overly focused on non-essential skills and subjects.

3. The most significant achievement of the first year of the current programme was the launching of the Nana-Grebizi basic education project for girls. This project succeeded in increasing primary school attendance and reducing drop-out rates of boys and girls in the Prefecture of Nana-Grebizi by establishing a joint partnership among parent-teacher associations, headmasters, teachers and administrative officials to plan, co-manage and co-finance basic education services. The current proposal will build on these achievements, which will be expanded to national scale. It will address particularly the needs of children who dropped out of the formal system for economic reasons and because of the disruption caused by political unrest, and will establish a special two- to three-year bridging education programme to reintegrate them into the formal system.

Objectives

4. The programme will contribute to the achievement of the following objectives by 1997: (a) an increase in the overall primary school attendance rate from 66 to 70 per cent for boys and from 43 to 50 per cent for girls; (b) a reduction of drop-outs from 53 to 20 per cent for boys and from 61 to 30 per cent for girls; (c) making the primary school curriculum more relevant to the daily lives of most Central Africans; and (d) by so doing, facilitating improvement of the socio-economic and health conditions of the country.

Strategies

5. The programme will apply the following priority strategies to draw children to primary schools: (a) capacity-building at all administrative levels through training aimed at developing human resources for national policy development and programme management; (b) empowerment of families through promoting the involvement of parent-teacher associations in planning, management and financing of education services; (c) social mobilization of parents, teachers and education officials to strengthen their commitment to improving education of girls; (d) use of the national language (Sango) as a medium of instruction for the first two years of primary education, with French becoming the principal medium thereafter; (e) use of a flexible school calendar and improved relevance of school curricula to create effective links between schools and the socio-economic conditions of families and communities; (f) use of a special bridging education programme to reintegrate children who have dropped out of the formal system; and (g) coordination with other major donors at the national level in policy and programme development, strengthening complementarity of donor support, preventing duplication of support and accelerating expansion of services.

Activities

6. The programme will carry out the following activities in implementing the above-mentioned strategies:

(a) Formulation of a national basic education policy and plan of action that better address the EFA goals of universal access to quality and equity in basic education;

(b) Establishment of a community-based bridging education system for children who have dropped out of school, enabling about 182,000 children to reintegrate into the normal system after two or three years of study in this bridging programme;

(c) Training of Ministry of Education officials, at national and subnational levels, in policy analysis, planning, management and monitoring of community-based education services. This training will cover officials of the eight préfectures (regional administrative structures) covered by the programme, with an average of five officials trained per préfecture;

(d) Development and implementation of a curriculum that will provide students with essential knowledge and life skills, including health, nutrition, hygiene, environmental sanitation and some skills to facilitate their participation in the economic sector;

(e) Training of about 6,000 teachers and headmasters in the new curriculum and in the management of school facilities;

(f) Training of locally recruited educators who will provide special bridging education to children. These educators, who will be selected and funded by the communities, could be absorbed later by the formal primary education system to meet the objective of reducing the high pupil/teacher ratio to 40:1;

(g) The development, production and distribution of training materials;

(h) Training of members of parent-teacher associations to increase their motivation in the co-management and financing of schools;

(i) Establishment of an effective monitoring and evaluation system to collect, process and effectively use education data;

(j) An extensive media programme targeting parents, local authorities and especially the préfets (chief administrators) and municipal counsellors with messages on the importance of education for all children, especially for girls;

(k) Construction of latrines and water points in 400 schools to improve hygiene practices, and supplying these schools with solar panels to facilitate the use of audio-visual materials for functional literacy and cultural activities.

7. UNICEF will provide technical and financial assistance as well as supplies and equipment to (a) establish the bridging programme; (b) elaborate curricula and produce educational aids; (c) strengthen planning, management, supervision and monitoring skills of education professionals; (d) train and, through social mobilization activities, strengthen the roles of members of parent-teacher associations; and (e) install water points and sanitation facilities at schools.

II. GHANA

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 years)	7.6
Under-five mortality rate (U5MR) (per 1,000 live births)	170
Infant mortality rate (IMR) (per 1,000 live births)	103
Underweight (percentage, moderate and severe) (1988)	27
Maternal mortality rate (MMR) (per 100,000 live births) (1984)	1,000
Literacy (percentage, male/female) (1990)	70/51
Primary school enrolment (percentage net, male/female) (1990)	../..
Percentage of grade 1 reaching grade 4 (1988)	87
Access to safe water (percentage) (1991)	52
Access to health services (percentage) (1985)	60
Gross national product (GNP) per capita (1991)	$400
One-year-olds fully immunized against (percentage):	
tuberculosis	57
diphtheria/pertussis/tetanus	34
measles	40
poliomyelitis	36
Pregnant women immunized against (percentage):	
tetanus	9

Control of iodine deficiency disorders

8. In 1991, the Executive Board approved a sectoral programme for health and nutrition as part of the country programme for Ghana for the period 1991-1995 (E/ICEF/1991/P/L.7). The present proposal for $2,327,000 in supplementary funds for the period 1994-1996 will contribute to the elimination of iodine deficiency disorders (IDD) in Ghana. It will also contribute to increasing access of parts of West Africa to iodized salt through expansion of the salt production and exporting industry of Ghana.

Background

9. The extent and severity of IDD as a public health problem has been highlighted by preliminary prevalence survey findings which indicated that moderate (stage 2) and severe (stage 3) iodine deficiency exist in pockets throughout the country. The Ministry of Health began a national IDD survey in 1991 in 30 of the 110 districts of the country. The survey was completed in 1993 and the data are currently being analysed, together with the findings of the urine iodine subsample survey. In two districts of the Upper East Region, prevalence is about 70 per cent. Those results, which pointed out the urgent need to address the problem of IDD, led to the distribution of iodized oil capsules in those districts during 1991 and 1992.

10. The project will be both national and subregional in scope. Activities for the production of iodized salt will be focused along the coastal belt of Ghana between Komenda in the west and Keta in the East Central, Greater Accra and Volta Regions where salt is traditionally produced. Social communication and monitoring and evaluation activities will be carried out nationwide, with greater emphasis in the most affected districts. A total population of about 16.6 million will be covered in 1994 and approximately 17.6 million in 1996.

Objectives

11. The project will contribute to the mid-decade goal of virtual elimination of IDD in Ghana and its neighbouring countries, using the salt production and export potential of Ghana to achieve and sustain universal access to, and eventually, universal consumption of iodized salt. The objectives are (a) to ensure that all salt produced in Ghana is iodized with the appropriate level of iodine; (b) to increase awareness of IDD and their prevention so as to encourage and ensure the consumption of iodized salt; and (c) to establish an effective monitoring system from production to consumption to ensure that the salt being consumed has the appropriate level of iodine.

Strategies

12. In order to achieve these objectives, the project will pursue five key strategies. Firstly, the production and availability of iodized salt throughout the country will be increased. This will be done through the establishment of a collaborative relationship between the public (Government, donors) and private sectors. For this purpose, a production-incentive mechanism, a support "package" for salt manufacturers funded by the Government and donors and comprising interest-free loans, training, marketing assistance and supply of potassium iodate, will be established. An information/education campaign will be targeted at wholesalers and retailers in the salt industry to promote adequate packaging, storage and distribution of iodized salt, as well as to enlist their support in winning widespread consumer acceptance of iodized salt. Those involved in small enterprises and cooperatives in the salt industry will be trained in management skills and receive technical advice on how to update production technologies and improve marketing operations. A promotional campaign designed to increase the availability of Ghanaian iodized salt in the West African market will be developed.

13. Secondly, increased demand for iodized salt will be achieved through (a) advocacy among policy makers and opinion leaders at all levels of society; (b) launching of a social marketing campaign to raise public awareness of IDD and their prevention, using the infrastructure and capabilities of the Ghana Social Marketing Programme (GSMP), as well as radio and television programmes, newspaper articles, literacy classes, local theatre and activities of organizations such as the 31st December Women's Movement and the Social Mobilization Committees for Child Survival and Development; and (c) formulation of a pricing and subsidy policy to maintain price parity between iodized and non-iodized salt through a two-year transitional period when both types of salt will be produced and marketed in the country.

14. Thirdly, UNICEF will support the development and enforcement of appropriate legislation for the establishment of a national standard for iodized salt by the Ghana Standards Board (GSB). GSB will set a deadline for compliance by all producers, distributors and retailers in the country consistent with the planned implementation of the project. The legislative aspect of enforcement will be complemented by training and awareness-raising activities as well as by increasing the monitoring and evaluation capacity of key implementing institutions.

15. Fourthly, the management capacity for IDD prevention and control by key implementing agencies will be expanded in order to (a) raise awareness among service personnel of the problem of IDD; (b) improve the coverage and efficacy of communication/education activities carried out through various service organizations; and (c) establish a basic but effective monitoring system that can provide timely, reliable and useful information on project performance. This will entail a combination of training, establishment of a national network on micronutrient deficiencies, provision of laboratory equipment and other essential supplies and the development and dissemination of manuals and guidelines on IDD and the IDD control programme.

16. Fifthly, a strong UNICEF effort will help to focus on national capacity-building in project management and coordination to prevent wastage and duplication of efforts among the various parties involved and to expedite implementation. This will involve (a) the identification and establishment of a multisectoral Committee on Micronutrient Malnutrition (CMM) to provide a forum for discussion of problems and issues, intersectoral collaboration and overall guidance to relevant plans and programmes; (b) the establishment of a CMM secretariat to manage the project; (c) the training of project management staff; and (d) the provision of essential equipment and supplies.

Activities

17. In order to implement the strategies, the project will undertake eight major activities with regard to production, demand creation, social mobilization and monitoring and evaluation.

18. A project management structure will be established. CMM will be responsible for detailed project planning, identifying concrete areas for multisectoral collaboration, ensuring follow-up within separate sectoral institutions and monitoring implementation, while the Nutrition Unit of the Ministry of Health will implement the project.

19. A legal framework for salt iodization will be adopted. It will involve the Ministry of Health and GSB in the preparation of a standard for iodized salt, with its adoption scheduled to be completed by June 1994.

20. Salt manufacturers, wholesalers and retailers will be assisted through the following measures in order to increase access to iodized salt: (a) the availability of interest-free credit lines for the purchase and installation of spray mix salt iodization plants of a type designed in India with UNICEF assistance; (b) the training of 100 managers as well as key technical and production staff on major issues of IDD and marketing of iodized salt (two

separate training workshops, at Accra and Ada, will be held during 1994-1995); (c) the purchase of potassium iodate by UNICEF on the international market on behalf of the Ghana salt manufacturers, with this arrangement remaining valid only for the duration of the IDD control programme; and (d) the development, by GSB with the assistance of the Ministry of Health and the University of Ghana, of a communications campaign for wholesalers and retailers throughout the country to orient them on IDD and provide guidance on adequate packaging, storage and transport. Preparatory activities will start in mid-1994, with the campaign itself beginning in early 1995.

21. Small salt enterprises will receive simple, local-language guidelines and manuals on salt production, quality control and iodization methods, as well as on basic organizational principles, bookkeeping and marketing. Three demonstration salt farms will be established to provide practical training in production techniques as well as to help develop and disseminate appropriate technology for use by small farmers. Small salt enterprises will be organized into cooperatives for the production and marketing of iodized salt or, where this is not feasible, for joint iodization and marketing of salt.

22. Strong advocacy, social communication and mobilization activities will be undertaken to increase consumer awareness of the effects of IDD. Advocacy and social communication activities will, in the development of campaigns and informational materials, take into account the results of the knowledge, aptitude and practice study within the national IDD survey. These campaigns will target policy makers and opinion leaders at national, regional and district levels. GSMP will explore the possibility of adding an IDD campaign to the existing programme on oral rehydration therapy, contraceptives and anti-malarials. UNICEF will support GSMP in the preparation of posters and advertisements for billboards and the mass media (radio, television, newspapers and magazines).

23. Iodized salt will be exported to neighbouring countries in collaboration with the Export Promotion Council and the Economic Community of West African States. It will entail the preparation of a study on the issue, the organization of a subregional meeting of producer and consumer countries and the establishment of a network or consultative mechanism on salt iodization to provide a forum for discussion and follow-up. Action on this effort will be initiated by mid-1994, with substantial progress expected by the end of 1995.

24. Key health personnel and staff from other relevant institutions such as the Ministry of Food and Agriculture and GSB at regional, district and subdistrict levels will be trained to manage IDD activities better. About 350 persons will be trained during 1994. The Nutrition Unit, in collaboration with the Department of Nutrition and Food Science of the University of Ghana, will develop and update a series of manuals and guidelines on the detection, prevention and elimination of IDD. The development, pre-testing and printing of the documents will take place between mid-1994 and mid-1995.

25. The Nutrition Unit will establish a national network on micronutrient deficiencies comprising health and non-health personnel to help identify and support key implementers (i.e., through further training) and to serve as a forum for information exchange and dialogue. It will also distribute manuals,

guidelines and other useful materials on micronutrient deficiencies. These activities will be completed by the end of 1994.

Monitoring and evaluation

26. Iodine content in salt, from production through household consumption, will be monitored by public health laboratories and universities. Iodization process control facilities will be made available at production sites and an estimated 5,000 rapid test kits will be distributed to each region for use by district health administrations and extension workers, as well as by wholesalers, retailers, markets, schools and community opinion leaders in villages. A national survey on IDD prevalence, focusing on levels of urinary iodine among the population as an indicator of iodine intake, is planned for the end of 1996. A mid-term review is planned to provide an initial indication of the effectiveness of the programme. UNICEF will provide salt iodization plants with laboratory equipment and potassium iodate as well technical, material, financial and logistic support for social mobilization, training and monitoring activities.

School water supply and sanitation

27. In 1991, the UNICEF Executive Board approved a basic education programme for the period 1991-1995 as part of the country programme of cooperation (E/ICEF/1991/P/L.7). It also approved another recommendation in 1992 in the amount of $2,000,000 for an enhanced education programme, which better embraced the goals of the World Conference on Education for All and sought to improve the quality of education and provide increased access to learning through expanded basic education services (E/ICEF/1992/P/L.33).

28. The present proposal for $1,330,000 in supplementary funds for the period 1994-1995 aims to strengthen the quality of basic education by enhancing the learning environment in the poorest and remote rural, underserved communities by improving hygiene conditions in primary schools and households. In addition, the programme will respond to the need to incorporate priorities identified during the combined mid-term review/strategy formulation exercise of 1993 and facilitate achievement of the mid-decade goals regarding universal access to water supply and sanitation as well as access to quality and equitable basic education. The programme will also help to strengthen a foundation for reaching the goals for the year 2000.

Background

29. Despite significant donor support for primary education, including from the World Bank, and financing of education reforms, recent monitoring of primary education has confirmed that students are not yet benefiting fully from these reforms. A 1990 study of the reading ability of 644 grade six students carried out by the Teacher Education Division of the Ghana Education Service showed that 43 per cent had little or no reading ability, 40 per cent were reading at the grade two level and only 18 per cent were reading at the grade five level or above. The results of a "criterion-referenced achievement test" conducted on a sample of grade six students confirmed that only a very low percentage could read, write and do basic mathematics.

30. It is generally accepted that poor health status is one of the major causes of the poor achievement of students in primary schools. Water-borne diseases are prevalent among schoolchildren in Ghana. Currently, an estimated 80 per cent of rural primary schoolchildren suffer from intestinal worms and poor health caused by the lack of proper sanitary facilities and safe drinking water. Health care facilities at schools, or even nearby, are practically non-existent.

Objectives

31. The national water supply and sanitation survey conducted in 1992 revealed that in the largely rural Volta region alone, with a population of 1.2 million, 5 of the 10 most common diseases registered in out-patient clinics are water- and sanitation-related. Intestinal worms, poor nutrition and dracunculiasis (guinea worm disease) are major debilitating problems that affect the academic productivity and school attendance of children. Particularly devastating are the adverse effects on brain development, overall growth and development and learning achievements.

32. The proposed project will address water- and sanitation-related problems in rural schools, thus cultivating more effective links between rural schools and their communities, which are essential for enhancing the well-being of children. The project will contribute to the following objectives of the country programme regarding health, water supply and sanitation and education: (a) development of an integrated school water supply and sanitation programme, combining water supply, sanitation and hygiene education, which will provide access to water supply and sanitation facilities for 2,000 "deprived" primary schools. This increased access should help to improve learning conditions in these schools, which are located in the poorest remote communities; (b) elimination of dracunculiasis in communities where these schools are located through health education and the promotion of household filters; (c) reduction of the incidence of parasitic and intestinal worms among schoolchildren in the target communities; (d) reduction of the time spent by schoolchildren in fetching water for domestic and personal use; and (e) reduction in the transmission of other water- and excreta-related diseases such as diarrhoea.

33. The project will contribute to the above general objectives by pursuing the following specific objectives: (a) increasing access to and the quantitative and qualitative consumption of water by schoolchildren; (b) increasing the use of latrines by schoolchildren by 80 per cent; (c) increasing the proper use, including cleanliness and maintenance of ventilated pit latrines by households, schools and communities; and (d) motivating communities with no latrines to build household ventilated pit latrines.

34. Strategies will include: (a) promoting good health and hygiene practices in some 2,000 primary schools in rural communities through various education activities; (b) promoting good health habits, such as personal and domestic hygiene, water storage and use and safe disposal of waste water and human and solid waste, so that these behaviours become part of the daily life of schoolchildren; and (c) using water supply and sanitation activities as entry points to build strong links between schools and their communities.

Activities

35. The project will undertake the following activities in order to implement the strategies: (a) research to develop an effective curriculum on hygiene education that focuses on improving strategic sanitation and hygiene behaviours, such as hand-washing; (b) construction of 2,000 hand-dug wells fitted with hand-pumps, 2,000 six-seat ventilated pit latrines and 2,000 rainwater collection systems and drainage systems; (c) organization of health committees; and (d) training of schoolchildren, teachers and community members in hand-pump maintenance, preventive health care and simple management of injuries with first aid in schools and at the home.

36. UNICEF assistance will complement resources available under Ghana's Educational Reforms Programme funded by the World Bank, the United States Agency for International Development and the European Community. Those agencies provide textbooks and stationery for primary schools, as well as management assistance for a project for teacher training, supervision and monitoring. UNICEF assistance will include supplies, equipment and tools for use by trained artisans so as to accelerate the construction of safe water and sanitation points. National-level technical assistance and training activities will also be supported by UNICEF in order to (a) improve the planning and policy analysis capacities of national officials; (b) strengthen their abilities to promote and implement community-based approaches, use low-cost technologies and plan hygiene education activities; and (c) strengthen logistical and technical support that will help to improve coordination among government agencies and between the Government and donor agencies.

Water supply and sanitation

37. In 1991, the UNICEF Executive Board approved a water supply and sanitation programme for the period 1991-1995 as part of the country programme of cooperation (E/ICEF/1991/P/L.7).

38. The present proposal in the amount of $624,900 in supplementary funds for the period 1994-1995 aims to strengthen the water supply and sanitation programme. It will consolidate previous achievements, while responding to the need to incorporate priorities identified during the combined mid-term review/strategy formulation exercise completed in 1993 for improved integration of water supply and sanitation activities. Thus, the programme will facilitate achievement of the mid-decade goals regarding universal access to water supply and sanitation and consolidate a foundation for achieving the goals for the year 2000.

Background

39. The most significant achievements of the programme in 1991-1993 were the use of a community participatory process and of low-cost technologies to increase access to safe water and sanitation for the rural population and to reduce the prevalence of water-borne diseases, especially dracunculiasis. The present proposal aims to consolidate the gains of the past two years by better integrating water supply, sanitation and health and nutrition education activities for 160,000 people in five districts.

40. Only 52 per cent of the 15.3 million Ghanaians have access to a safe water supply, mostly through piped water, hand-pumps installed on bore holes and hand-dug wells. It is estimated that about 30 per cent of the hand-pumps installed are not operational. Water-borne diseases such as typhoid, cholera, schistosomiasis and dracunculiasis are prevalent in Ghana. Dracunculiasis, in particular, hampers agricultural productivity and school attendance in the rural areas where the bulk of food is produced, and is particularly serious in the northern and Volta regions.

Objectives

41. The programme will achieve the important needs of water supply and sanitation in rural areas by pursuing the following objectives: (a) increasing per capita water consumption from the current level of 10-15 litres per person per day to approximately 25-30 litres per person per day; (b) eliminating dracunculiasis by targeting endemic areas with water supply, health education and promotion of household filters; (c) reducing the burden of women and children who carry water over long distances; (d) improving health and nutrition behavioural practices among mothers and children; and (e) empowering village communities, particularly women, by involving them in the management of their water supply and sanitation facilities.

Strategies

42. The programme will pursue the above objectives through the following strategies:

(a) Community empowerment through improvement of the skills of communities in the management and maintenance of water supply and sanitation facilities;

(b) Promotion and involvement of women in decision-making processes with respect to all aspects of water supply and sanitation services and encouraging men to recognize the advantages of this strategy for improved sustainability of these services;

(c) Promotion of the contributions of communities, both financial and labour, for water-point installations. Households will be expected to pay almost all costs for latrine construction;

(d) Capacity-building at all administrative levels through training that will develop human resources for planning the utilization of low-cost technologies, national policy development and management of programme procedures;

(e) Focus on hygiene education to change behaviour and practices that currently lead to disease transmission and strengthening the commitment of decision makers to introduce hygiene education at the commencement of the planning stage, rather than during the latest stage of implementation which is the predominant current practice;

(f) Coordination with other major donors at the national level in policy and programme development to strengthen complementarity of donor support, prevent duplication and expedite expansion of services;

(g) Increased involvement of non-governmental organizations (NGOs) at local levels, utilizing their experience to train communities in hygiene education and communication.

Activities

43. In order to achieve the strategies, the programme will undertake the following activities:

(a) Construction of 150 hand-dug wells equipped with hand-pumps to serve a population of 75,000 people. Each well will serve approximately 500 people, with the communities providing labour and local materials. The Ghana Water and Sewerage Corporation (GWSC) will provide supervision, training and monitoring. Locally trained artisans will construct the wells according to standard designs as provided by GWSC;

(b) Construction of 170 hand-drilled bore holes equipped with hand-pumps to serve approximately 85,000 people. These will be drilled using the Vonder rigs recently procured by UNICEF. An additional three rigs will be ordered during 1993 to accelerate service coverage and introduce this low-cost method in additional districts;

(c) Organization and training of 320 village water supply and health committees prior to the beginning of construction activities. These committees will actually be subcommittees of existing village development organizations and will be subject to the same rules and conditions. The village committees will be responsible for the planning of village contributions and collection of funds for installation, operation and maintenance costs;

(d) Mobilization of the local manufacturer of suitable spare parts for the NIRA AF85 hand-pump. UNICEF will work with the Government to strengthen both government and private sector capacities for self-sufficiency in spare parts. Support will be given to the Government to conduct suitable quality control of all supplies that are produced locally, and exchange visits will be arranged with selected countries with expertise in local manufacturing, such as Nigeria. Consultancies will be arranged for enhancing quality control capacities;

(e) Development of an efficient delivery system so that latrine components are manufactured and distributed on a decentralized basis. This will be necessary so that when demand is generated there will be a rapid response, thus taking advantage of the momentum to encourage full village coverage. Existing latrine slab construction centres will be decentralized to the district level and strengthened through the Department of Community Development (DCD);

(f) Construction of 640 household latrines to serve approximately 130,000 people. Locally trained artisans will be organized into construction teams to promote household latrines for a nominal fee, paid by each household;

(g) Establishment of a revolving fund credit system for the construction of household latrines. This will be managed through the District Assemblies, which will be responsible for ensuring that repayments are made to DCD and that utilization and maintenance of facilities will be satisfactory;

(h) Development of a decentralized monitoring system to accelerate service coverage through data collection at village, district and national levels. Data will include the population covered and the quality, performance and utilization of facilities. The system will use staff of both GWSC and DCD to complete standard forms that will be collated and analysed at the central level. UNICEF will assist in the training of staff in the use of the standard monitoring forms;

(i) Development of a strong health and nutrition education component aimed at parents and schoolchildren. The focus will be on developing awareness of villagers and encouraging them to adopt improved health and nutrition practices. This activity will be combined with the construction of demonstration ventilated pit latrines at schools.

44. UNICEF will provide supplies, equipment and tools for use by the artisans so as to accelerate the construction of safe water and sanitation points. Technical assistance and training activities at the national level will also be supported by UNICEF with the aim of (a) improving the planning and policy analysis capacity of national government staff as well as their abilities to promote and implement community-based approaches, use low-cost technologies and plan health and nutrition education activities; and (b) provide logistical and technical support to the programme to facilitate coordination among government agencies and between the Government and the donor community.

III. SENEGAL

Basic data (1992 unless otherwise stated)

Child population (millions, 0-15 years)	3.7
Under-five mortality rate (U5MR) (per 1,000 live births)	145
Infant mortality rate (IMR) (per 1,000 live births)	90
Underweight (percentage, moderate and severe)	22
Maternal mortality rate (MMR) (per 100,000 live births) (1985)	600
Literacy (percentage, male/female)	52/25
Primary school enrolment (percentage, net male/female) (1989)	55/41
Percentage of grade 1 reaching grade 4 (1988)	85
Access to safe water (percentage) (1991)	48
Access to health services (percentage) (1985)	40
Gross national product (GNP) per capita (1991)	$720
One-year-olds fully immunized against (percentage):	
tuberculosis	65
diphtheria/pertussis/tetanus	47
measles	43
poliomyelitis	47
Pregnant women immunized against (percentage)	
tetanus	26

Communication for all, 1994-1996

45. The country programme for Senegal for the period 1992-1996 was approved by the Executive Board in 1992 (E/ICEF/1992/P/L.10). Senegal is basically an agricultural country. Harsh structural adjustment measures coupled with adverse weather such as drought and desertification are not only making people's lives increasingly precarious but are also weakening family solidarity. Nearly 70 per cent of the population is illiterate.

46. The country's social and cultural fabric is considerably complicated by the existence of 10 different ethnic groups speaking six completely different major languages. Regional disparities do not always facilitate optimal results in terms of information and communication. These factors partly explain the survival and vitality of a variety of grass-roots organizations.

47. From the beginning, however, Senegal has been seeking ways of ensuring effective communication with the rural areas. The Ministry of Communication has established an autonomous audio-visual unit or "movie van" to travel through the countryside organizing showings of video films on development to be followed by discussion. That strategy, which was launched in 1962, was continued until 1989-1990. However, for nearly three years now, things have slowed down

somewhat as a result of fewer technical resources and a cut in the State's operational budget allocation for communication in the rural areas.

48. The communication for all projects is an attempt at mass communication as well as interpersonal communication, using simple audio-visual equipment. A mobile video library will make it possible to reach people living in the remotest rural areas, promote participatory and durable social mobilization, and provide culturally relevant information. The project completes the national plan of action for children developed by Senegal in 1991. It is a component of the advocacy of the cause of children and women programme that comes under the cooperation programme between the Government of Senegal and UNICEF for the 1992-1996 period.

49. The project is part of a global communication strategy targeted to the objectives of the national plan of action and spelled out in a number of medium-term goals for 1995 selected by the Consensus of Dakar that emerged from the International Conference on Assistance to African Children. Dissemination of the Convention on the Rights of the Child, the upgrading of the status of girls, advocacy for the survival, development, welfare and participation of children and for the improvement of the status of women, constitute the underlying philosophy of the communication strategy.

50. The basic aim of the communication for all project is to:

(a) Enhance awareness of the practices and behaviours that foster development through the transmission of relevant audio-visual messages to the remotest villages in Senegal;

(b) Increase the grass-roots involvement in issues relating to child welfare and survival;

(c) Set up mechanisms for publicizing the medium-term goals and involve the people in the realization of those goals;

(d) Test the relevance of this approach through a social mobilization strategy with a grass-roots information component.

51. For the effective implementation of this project, the following approaches will be used: (a) informing and mobilizing the people through mass and interpersonal communication; (b) enhancing communication skills of officials of the various ministries concerned; (c) stimulating community participation; and (d) collaborating with non-governmental organizations (NGOs).

52. The planned activities include: (a) the establishment of a video library and the production of films; (b) the training of personnel; (c) the provision of two "movie vans"; (d) dissemination of information; (e) consciousness-raising; (f) selection of priority themes; (g) the mapping of target villages and organization of field trips; and (h) the showing of films and leadership training in the schools.

53. The mobilization capacities of the various participants in the project (NGOs, organizations, women's groups, etc.) will be marshalled in order to lay the groundwork for participatory communication.

54. Supplementary funding in the amount of $600,000 will be required for the period 1994-1996.

Water supply, sanitation and hygiene for pilot and Koranic schools (daaras), 1994-1996

55. This project completes the cooperation programme between the Government of Senegal and UNICEF for the period 1992-1996; it is also one of the priority projects of the national plan of action and a continuation of the previous cooperation programme for the 1987-1991 period.

56. The national plan of action's objectives include ensuring universal access, especially by children, to clean water and an adequate sanitation system; developing sanitation infrastructure and services for children; providing running water in schools and building latrines there.

57. The basic purpose of this project is not only to improve the supply of safe drinking water, as well as sanitation and hygiene in 100 public schools and 75 Koranic schools (daaras) but also to develop the potential of 30,000 students between 7 and 12 years of age and of 20,000 students in Koranic schools (talibés) for more effective participation in the socio-economic life of their communities.

58. The project also provides support through its health education, market gardening and reforestation activities for the implementation of the reform of primary education initiated in 1987 aimed at trying out new curricula through pilot schools. Pilot schools are intended to help reduce the disparities between boys and girls with respect to education and to establish the foundation for universal education.

59. About 15 of the 25 pilot schools targeted have neither a safe drinking water supply nor functional latrines. The situation in the daaras is even more disturbing because it is aggravated by poor personal hygiene, inadequate housing and nutritional problems in a school population among whom malnutrition, dermatosis, conjunctivitis and gastro-enteritis are rampant.

60. The project's objectives are (a) to improve the supply of safe drinking water and sanitation in 100 pilot schools and 75 daaras in rural as well as urban areas; (b) to improve the personal and household hygiene of children and their families through health education; (c) to help improve the nutrition of children through market gardening activities and environmental protection; and (d) to generate a spirit of responsibility, self-help and solidarity among children by strengthening their communication skills and involvement in development, particularly in primary health care (PHC).

61. The project strategy will focus on intersectoral decentralization and collaboration, community participation, consolidation of experience, capacity-building, social communication and mobilization and monitoring and evaluation.

62. The main activities are the establishment and equipment of water points, the construction and promotion of latrines, health education and support for market gardening and reforestation. Those activities will be backed up by community information campaigns and grass-roots mobilization (parents of students, administrative and religious authorities). The combined action of sectoral programme activities relating to education, children in especially difficult circumstances, health, water and sanitation will have a decided impact in improving the well-being of children.

63. The project will cover the whole of the national territory once the projects for the New School and children in especially difficult circumstances have got under way. The first of those projects will selectively affect all regions of Senegal, with the pilot schools distributed fairly so as to maximize their training effect. They will make up about 5 per cent of all primary schools. However, certain project components relating particularly to health education could become permanent and replicable models after a relatively short trial period and will then be applicable to the entire school population and to all primary schools. The project will be introduced in the daaras in both rural and urban areas.

64. To sustain the above-mentioned activities, supplementary funding in the amount of $810,000 is requested for the period 1994-1996.

Support project for the national programme to combat AIDS, 1994-1996

65. The number of reported cases of AIDS has risen from 6 in 1986 to 911 in 1993 but blood samples of high-risk groups indicates an incidence ranging from as low as 0.1 per cent (pregnant women) to as high as 30 per cent (prostitutes in Kaolack).

66. Sexually transmitted diseases (STD) are also very widespread, particularly among prostitutes. The incidence of AIDS and STD increases north to south and both types of disease are concentrated in Kaolack and Ziguinchor. Considering that the surveillance system and the laboratory network are relatively poor, the number of unreported AIDS cases is probably very high.

67. This rather disturbing situation is compounded by certain socio-economic factors characteristic of Senegal such as the very low socio-economic status of people living in rural and exurban areas, the sexual behaviour of young people, polygamy, migration, the low literacy rate and the inadequate health care system.

68. It should also be noted that young people do not know very much about AIDS and how to prevent it and the population as a whole is not sufficiently aware that AIDS is a problem. Nor is the health care system capable as yet of dealing properly with STD.

69. There is a national programme to combat AIDS primarily by safe blood transfusions, epidemiological surveillance of STD/AIDS, prevention through information, education and communication campaigns, care of the sick and training of health workers.

70. The aim of the proposed project is to support Senegal's AIDS programme, particularly through training, consciousness-raising and protection of the youth. Its objectives are to familiarize young people with methods of preventing STD and AIDS and improve access to the treatment and care of STD, especially among young people.

71. The first strategic approach is to foster an environment in which young people can thrive, protect them from being exploited and provide them with the information they need about how the diseases are contracted and how the HIV virus is transmitted. The campaign will be carried out at the following levels:

(a) The school, by establishing study programmes aimed at teaching young people about high-risk behaviours;

(b) Youth organizations, by supporting their activities, providing leadership training, establishing video centres in exurban neighbourhoods and developing information and sensitivity programmes for young people and by young people;

(c) Young people in especially difficult circumstances, by supporting neighbourhood daaras and strengthening non-formal education in the countryside.

72. The second strategic approach calls for rationalization of STD care at the level of peripheral units (health stations) by developing the classification by syndrome recommended by the World Health Organization. That should reduce the danger of AIDS transmission, which increases in the presence of STD. The activities stemming from this strategy come under the programme for strengthening PHC called for by the Bamako Initiative.

73. The third strategic approach calls for strengthening the community participation framework by implementing an education programme for traditional chiefs (village chiefs, Imams), group leaders and heads of health committees, mothers committees and youth committees and by bolstering the capabilities of NGOs.

74. The last strategic approach is mobilization of local efforts by supporting the national AIDS Committee in its campaign to modify sexual behaviours (use of contraceptives, etc.), spreading the word by TV spots, theatre, film and consciousness-raising in rural areas by using a movie van.

75. The project activities are geared basically to disseminating education programmes that have already been developed, training teaching personnel, youth organization and daaras leaders and heads of NGOs, developing information and promotional materials, organizing social mobilization activities at the rural and exurban levels, using theatre and tape recordings dealing with AIDS and revising the flow charts for the care of STD.

76. The required supplementary funding amounts to $627,000 for the period 1994-1996.

Estimated annual expenditure

(Thousands of United States dollars)

Country/programme	1994	1995	1996	1997	Total
Central African Republic					
Basic education	809.0	799.0	694.0	636.0	2 938.0
Ghana					
Control of iodine deficiency disorders	1 288.0	1 039.0	-	-	2 327.0
School water supply and sanitation	670.0	660.0	-	-	1 330.0
Water supply and sanitation	399.8	225.1	-	-	624.9
Subtotal	2 357.8	1 924.1	-	-	4 281.9
Senegal					
Communication for all	200.0	200.0	200.0	-	600.0
Water supply, sanitation and hygiene in pilot schools and daaras	236.0	277.0	297.0	-	810.0
Support for the national AIDS programme	261.0	188.0	178.0	-	627.0
Subtotal	697.0	665.0	675.0	-	2 037.0
Total	3 863.8	3 388.1	1 369.0	636.0	9 256.9